

No. W 12709		Due no later than Aug 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. OPEN MRI OF POCATELLO, L.C. LARY S. LARSON PO BOX 51219 IDAHO FALLS ID 83405-1219 USA		LARY S LARSON 428 PARK AVE IDAHO FALLS ID 83402			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LARY S LARSON	Street or PO Address PO BOX 51219		City IDAHO FALLS	State ID	Country USA	Postal Code 83405-1219
5. Organized Under the Laws of: ID W 12709		6. Annual Report must be signed.* Signature: Lary Larson Name (type or print): Lary Larson Date: 06/26/2012 Title: Manager					
Processed 06/26/2012 * Electronically provided signatures are accepted as original signatures.							